PTO/S8/06 (08-03)

Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF CONGERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number 10/167,135 PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR SWALL ENTITY (Column 1) (Cotumn 2) MUMBER FILED NUMBER EXTRA FOR RATE FEE RATE FEE BASIC FFF 20 (37 CFR 1.15(a)) :27000 OR TOTAL CLAMS 20 (37 CFR 1.16(c)) chinus 20 = X S OR INDEPENDENT CLAIMS 07 CFR 1.16(b)) colous 3 = X S OR X S MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d) COR " If the difference in column 1 is less than zero, enter "T" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAMS HIGHEST ⋖ REMARKING PRESENT MINRER RATE 1001 RATE ADDI ENDMENT EXTRA AFTER. PREVIOUSLY TIONAL TIONAL AMENDM:ENT PAID FOR FEE REE Total profit used Minus X S OR (DF CFR 1,16(b)) 2 Minus Pre-HmeH OR X \$ Hed FIRST PRESENTATION OF MALTIPLE DEPENDENT GLAIM (\$7 CFR 1,16(4)) OR + 4 1-28-04 canceled 1-20 1d 21-25 TOTAL-TOTAL ADD' FEE 770-00 ADD'L FEE OR Add (Cotumn 1) (Cotumn 2) (Column 3) CLAMS HOGHEST PRESENT REMARING NUMBER RATE ADDI-TIONAL RATE ADD1-TRONAL **AMENDMENT** AFTER PREVIOUSLY EXTRA AMENOMENT PAID FOR FEE FEE Total Minus 19 OF OFR LIGHT \$162.00 OR Independent (IF CFR 1.15(b)) Minus 3 X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(4)) + 5 OR + 4 Carcel - 1-20 TOTAL TOTAL ADDIFEE 162.00 Had New cim 21-49 ADD'L FEE OR (Cotumn 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER ADDI RATE RATE ADDI ENT AFTER PREVIOUSLY **EXTRA** THOMAL TIONAL AMENDMENT PAID FOR ÆE FEE T Total (27 OFR 1.1602) Minus ENDM 三 OR Minus CO CH FROS X S ÓЯ FIRST PRESENTATION OF MALTIPLE DEPONDENT CLASM GIT OFR LIGHT OR TOTAL TOTAL

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2".

The "Highest Number Previously Paid For" (Yotal or Independent) is the highest number found in the appropriate box in column 1.

The Yighest Number Previously Paid For" (Total or Independent) is the highest rember found in the appropriate box in column 1.

This cobation of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application forms to the USPFO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

ADD'L FEE

OR

ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "I" in column 3.